

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Jun 01 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000002384 (3)**  
 1. Corporation Name  
**LENDCORP OF AMERICA MORTGAGE & FINANCIAL SERVICE S, INC.**



Principal Place of Business <b>9240 SUNSET DRIVE SUITE 235 MIAMI FL 33173 US</b>	Mailing Address <b>12460 TAMiami TRAIL STE #102 MIAMI FL 33184 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 <b>9240 Sunset Drive</b>	<b>01/11/1994</b>	<b>65-0754223</b>	Not Applicable
22 City & State	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	8.75 Additional Fee Required	
23 Zip	28 <b>Miami, Fl.</b>	<input checked="" type="checkbox"/> X	5.00 May Be Added to Fees	
24 Country	29 <b>33173</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		
25 Country	30 <b>Miami Dade</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**LANDRIAN, FRANCISCO  
 12460 TAMiami TRAIL  
 STE #102  
 MIAMI FL 33184**

10. Name and Address of New Registered Agent

81 Name	<b>Landrian, Francisco</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>9240 Sunset Drive #235</b>
83	<b>Suite 235</b>
84 City	<b>Miami</b>
85 Zip Code	<b>FL 33173</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Francisco Landrian* **FRANCISCO LANDRIAN** DATE: **4-13-98**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BECERRA, RAMON</b>	
STREET ADDRESS	<b>12460 TAMiami TRAIL, #102</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BECERRA, TERESA</b>	
STREET ADDRESS	<b>12460 TAMiami TRAIL, #102</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>M</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BECERRA, BARBARA L</b>	
STREET ADDRESS	<b>12460 TAMiami TRAIL, #102</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Francisco Landrian</b>	
1.3 STREET ADDRESS	<b>9240 Sunset Dr. #235</b>	
1.4 CITY-ST-ZIP	<b>Miami, Fl. 33173</b>	
2.1 TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Barbara Landrian</b>	
2.3 STREET ADDRESS	<b>9240 Sunset Drive #235</b>	
2.4 CITY-ST-ZIP	<b>Miami, Fl. 33173</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Francisco Landrian* **FRANCISCO LANDRIAN** DATE: **4-13-98 (307)270-9411**

CR2E034 (10/97)